BYRON PARK DISTRICT
WOMEN'S VOLLEYBALL LEAGUE REGISTRATION FORM

TEAM INFORMATION: **(PLEASE PRINT)**

TEAM NAME: _____

MANAGER'S NAME: _____ _____
(Last) **(First)**

ADDRESS/CITY/ZIP: _____

PHONE **(HOME)**: _____ **(WORK or CELL)**: _____

ROSTER:

In consideration of being allowed to enroll in this program, we, the undersigned individuals, hereby personally assume all risks in connection with this Byron Park District program. We release the instructors, supervisors, owners and the Byron Park District for any injury or damage. Further, we save and hold harmless the instructors, supervisors, owners and the Byron Park District from any claim by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation. I understand that on occasion, the Park District staff may take photos of participants enrolled in Park District programs. I am aware that these photos are for Park District use only and may be used in future promotional items. I have read and fully understand the above program details and waiver release of all claims.

	PARTICIPANT'S NAME *(please print)*	**ADDRESS/PHONE**	**SIGNATURE OF PARTICIPANT/PARENT**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

MY SIGNATURE ON THIS ROSTER BINDS ME TO THIS TEAM. I HAVE RECEIVED A COPY OF THE POLICIES AND RULES, AND AGREE TO ABIDE BY ALL RULES GOVERNING THE LEAGUE.
RETURN FORM AND PAYMENT TO: BYRON PARK DISTRICT, P.O. BOX 423, BYRON, ILLINOIS 61010